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ABSTRACT

The final report documents a 3 year program for preschool handicapped children. Information is presented on the following aspects of the program (subtopics in parentheses): direct and supplementary services to children (providing a home based educational program for children focusing on parent training, coordinating supplementary child services provided by outside agencies, and providing a classroom program for children as a transition between the home program and other community programs); parent/family participation (providing parent education, counseling, and supportive services as well as training in advocacy); assessment of child progress (changes in performance level for children overall and changes in child performance as a function of type of program received); staff training and development (preservice and inservice training and conference attendance); coordination with other agencies; and continuation/replication. (CL)

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DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

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Program Performance Report
for
Handicapped Children's Early Education Program

Part I

FINAL REPORT

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1. Date of Report: 6/30/79 2. Grant No: G0076086

3. Period of Report: July 1, 1978 to June 30, 1979

4. Grantee Name and Descriptive Name of Project:

Gwinnett County Schools
52 Gwinnett Drive
Lawrenceville, Georgia 30245

ICC Program

A Family focused Model of Intervention with Young Handicapped Children: The Family and Infant Program

5. Certification: I certify that to the best of my knowledge and belief this report (consisting of this and subsequent pages and attachments) is correct and complete in all respects, except as may be specifically noted herein.

Charlotte J. Koss

Charlotte J. Koss, M.Ed.
Project Director

EC 130161

PART II

Introduction: On July 1, 1976 the Gwinnett County Schools received a grant from the Bureau of Education for the Handicapped to establish a model early intervention program for children birth through the third year who are handicapped. During the second and third years of the program, service was expanded to include four and five year old handicapped children who, in Georgia, are not served by the public school system. The Family and Infant Program is noncategorical in the sense that no child is excluded from the program because of the type or severity of his or her handicap. The project is administered through the Gwinnett County School system and the North Metro Children's Center, a psychoeducational center serving severely emotionally disturbed and behavior disordered children from four school districts in metropolitan Atlanta. North Metro is state funded.

During the first year, all children in the Family and Infant Program were served through home-based, weekly parent training sessions. During the second year a classroom was added for children 3, 4, and 5 years of age. In the third year a second classroom was added.

The program draws from developmental theory for child assessment and programming and from family systems theory in conceptualizing family intervention strategies. Behavioral and prescriptive teaching approaches are used to implement child educational plans, but philosophically, the program is family-oriented rather than solely child-focused. Consequently, considerable emphasis is placed on assessment, intervention, and evaluation at a family level in addition to focusing on child needs. This approach was chosen because of the very young age of the children involved and the potential for disturbance documented in families with a handicapped member.

The program is staffed with a director (special educator), curriculum specialist, four teacher, a teaching assistant, a physical therapist, a family coordinator (social worker), a secretary and consultants in psychology, evaluation, and psychiatry.

JUL 3 1980

TABLE I Service to Children

Status	1978-79 Number	1976-79
New referrals	40	118
Screened		
Proceed with intake	32	100
Refer elsewhere	5	7
Withdrawn	3	11
Total	40	118
Developmental Assessments completed		
Initial	35	98
Reassessments	61	113
Total	96	211
Staffings		
Initial	33	95
Restaffings (to update IEP, change status, or terminate)	68	
Total	101	
Terminated from Home Program or class		
Provisional	8	12
Circumstantial	8	17
Total	16	29
Total number receiving on-going services		
In class	26	
In home program	33	
In tracking (follow-up) only	22	
Total	67	(Some children were served through more than one component)

I. Direct and Supplementary Services to Children

A. Screen, evaluate and staff children referred to the program

Table I summarizes program activities and the number of children served in each between July 1, 1978 and June 30, 1979.

The 40 new referrals came from hospitals, clinics, physicians and the school system. Self referrals increased suggesting that the project is more visible in the community than during year 2.

Parents participate actively in the intake, assessment and staffing process. Both parents are required to be present for initial interviews. Fathers participated in 100% of the intake interviews (excluding the two single parent families). A formal placement staffing is held following intake. One goal of the staffing is to train parents to be informed consumers of educational services, in keeping with PL 94-142. Thus, both parents are encouraged to attend and they are coached in how to be active participants in the decision-making and goal planning process. Both the mother and the father were present for all but one of the staffings held during year three. Grandparents were also present for two staffings.

The criteria for enrollment in the home-based or classroom programs remained the same as year two. Age at referral ranged from 5 months to 54 months, with a wide variety of handicapping conditions.

B. Provide a home-based educational program for children focusing on parent training

During the third year, thirty-three families participated in the home-based component. Most received weekly home visits by a staff teacher for 1 to 1½ hours. Children are enrolled for six-month periods. A total of 523 home visits were made during the '78-'79 year. The home-based contacts totaled 538.2 hours of instructional involvement.

A consistent sequence of activities is followed in the home-based module. Three to five initial home visits are made by the parent worker. Developmental data and informal information are gathered during these home visits. Then the parent worker and parent together develop a six month IEP containing behavioral objectives in the areas of gross motor, language, cognitive/fine motor, social and self-help skills. Notebooks are kept by the parent and parent worker in which data are recorded on short term objectives following from the IEP.

C. Provide a classroom program for children as a transition between the home program and other community programs

Eight children were involved in a six week summer program. Two classes were then implemented in September, 1978 with one teacher in each class and an assistant. One class meets for 3 hours in the mornings and the other for 3 hours in the afternoons, with a full enrollment of 8 children in each, age 3 and 4, in each. A half-day program allows some of the children to be integrated into day care of preschool programs during the other portion of the day. During the third year, 8 of the children enrolled in the classroom also attended programs for normally developing children. During the months from July, 78 to June, 79, a total of 26 children were served in class.

All children in the classroom have an individual educational plan (IEP) developed jointly by the teacher, assistant, and parents. IEP goals were written in the following areas: cognitive/fine motor, language, self-help, gross motor and socialization/behavior.

Parents of children in both classes participated in the classroom once a week for six weeks. Parent activities in the classroom included observing and identifying behavior management and teaching techniques, assisting the teacher, and planning and implementing individual and group instructional activities. In addition, parent participation included reading and evaluating a variety of books and pamphlets from the project's lending library. Feedback from the parents has provided information useful in determining which of the reading materials are most helpful and relevant to parents of exceptional children. A total of 174 hours were spent by parents in classroom participation. Siblings were also involved during parent participation. Their involvement in the classroom provided normal models for the target children and also enabled parents to more consistently attend.

Parents indicated by rating all of the activities included during the six week program that assisting the teacher and interacting with the children were most preferred.

Periodic home visits were made for classroom children in order to coordinate and monitor concurrent classroom and home-based programs. For an initial three month period, weekly home visits were made for five classroom children in order to establish consistency in their behavior in both the home and classroom settings. Home visits for all classroom children were made at least every four months for the duration of their classroom enrollment.

D. Provide physical therapy consultation and direct treatment for all appropriate program children

A full time physical therapist is employed by the program. This staff member participates in all initial assessments and the majority of reassessments on children, consults with the teaching staff on individual children in determining objectives and intervention strategies, provides direct treatment to children, writes physical therapy home programs, and teaches therapy procedures to parents.

The physical therapist conducted 96 assessments and reassessments from July, 1978 to June, 1979. Forty-seven children received direct service for a total of 34 treatment hours during this period. Three of these children had been terminated from the program and were attending normal preschools, but received a weekly physical therapy session.

E. Coordinate supplementary child services provided by outside agencies

Speech therapy, physical therapy, and occupational therapy are also provided to many project children through other public and private agencies. Eleven children received ongoing speech therapy from other agencies and 13 received physical or occupational therapy. The county schools' speech therapist has provided 11 speech and language evaluations and consultation on classroom children during the third year. We have an excellent relationship with the speech pathologist at Scottish Rite Hospital, who saw three of the classroom children weekly and has served as a program consultant. The program's physical therapist, aprent workers, and classroom teachers have coordinated these outside agency services through telephone and direct consultations, and by accompanying children and parents to some of the therapy sessions.

F. Children terminated will be tracked for one year to assess progress and document placements

Termination, whether circumstantial or provisional, is discussed during team meeting. Team members include the family coordinator, curriculum specialist and the teacher and assistant. A termination staffing is held with the family and relevant agency representatives to discuss placement.

Contact is made with the family and the educational program involved every three months for a year after termination using a follow-up information form to document child progress and to insure the placement is working.

Of the total of 48 children who were in tracking during the third year, 33% were in preschools for normally-developing children, 40% were in other special education programs, and 27% were at home only. None of the terminated children necessitated institutionization. One hundred percent were maintained at home.

Follow-up on children staffed but not enrolled (due to inappropriateness of this program's services) occurs yearly unless otherwise specified at the time of staffing. The Family Coordinator is responsible for follow up on these children. There are presently five children placed in the follow-up category. These children are presently attending the local training center or regular preschools.

II. Parent/Family Participation

Table II summarizes the numbers, types and hours of parent services provided during the '78-'79 year as well as for the total project years '76-'79. Specifically, the parent/family component has the following objectives:

A. Provide parent education and training in the home and classroom programs in order to assist parents in becoming effective educational change agents for their own children.

1. In the home-based program parents participate as teachers, evaluators, and observers. They are present for all home visits. Most keep charts and records of their child's progress. The actual focus of the home program is teaching the parent. Therefore, it is necessary that a parent participate in each home visit. Siblings and extended family members are also included on at least a periodic basis.

2. In the classroom, parents participate in the room weekly for 6 weeks, observing and later assisting the teacher in teaching. Participation also included review and discussion of reading materials, teaching techniques, and behavior management. Periodic home visits and home assignments also were made with the classroom parents.

3. A concerted effort was made to include fathers in both home program and classroom activities through evening and holiday home visits. Some fathers observed in the classroom. The emphasis on father involvement stems from concern for the family as a total system.

4. A toy and resource library are maintained for use by parents. Books, pamphlets, and curriculum guides are available. Parents are asked to submit suggestions for additions to this library.

5. All parents participated in the writing of long and short term IEP's. Several parents wrote their child's entire short term IEP with only slight consultation from the staff.

TABLE II Parent Services:

Type of Service	7/1/78-6/30/79 Number	Hours	7/1/76-6/30/79 Number	Hours
Intake	32	44.6	100	136
Conferences	520	202.8	1016	520.9
Counseling	83	74.1	230	284.1
Home Program	523	538.2	1374	1608.2
Observation/Training	249	247	487	601
Crisis Intervention	17	18.6	31	37.8
Follow-up	45	16.2	86	27
Telephone	741	128.6	1902	396
Parent Auxiliary	119	671.6	263	1031.5
Group Counseling/ Parent Education	162	157.4	453	189.8
Total	2491	2099.1	5942	4832.3

B. Provide counseling, crisis intervention and supportive services to families participating in the program

Part of each home visit made weekly by the home-based teacher, or monthly by the classroom teacher is devoted to the needs and concerns of the parents. Since the focus of the program is the total family, special attention is paid to emotional issues surrounding the child's development.

The process of identifying emotional and social issues begins in the intake interview conducted by the family coordinator. Follow-through is provided in clinical supervision by the family coordinator in team meetings as the parent worker or teacher takes over the primary activity with the family.

From time to time, crises do arise, hospitalization, and marital conflict, as well as expected periods of stress, e.g., genetic diagnostic reports, and at these times, primary counseling and support responsibility is turned over to the family coordinator.

Five families were seen for family therapy and 15 individual parents and three siblings were seen by the family coordinator for individual counseling sessions. There were a total of 83 counseling sessions and 17 crisis counseling sessions. Three families and two individuals were referred to other agencies for ongoing counseling.

The time of intake into the program was an especially critical time for several families requiring lengthy telephone contact and special home visits. Thirty-two intake interviews were conducted and 128.6 hours were spent on the phone.

All parents, particularly families new to the program, were encouraged to participate in counseling groups. Defined goals for the groups: to share feelings and experiences, to explore the boundaries to the parenting role and to increase understanding of personal needs. In several instances parents who had been involved in the program for several years served as co-leaders of the groups. Those parents who attended generally had a favorable response.

No. of groups	No. of sessions	No. parents/extended members
2 orientation groups	4	14
2 women's groups	12	23
1 sibling group	6	11
2 classroom mother's groups	12	12
Total	34	61

C. Provide parent group for education and support to families involved in the program

Two behavior management and communication skills workshops were offered; one in the fall and one in the spring. Fourteen parents attended the first six-session workshop and six parents attended the second four-session workshop. Since evaluations from the first workshop indicated a need for more discussion, the second workshop focused more on individual problems with principals taught in a more incidental manner. In terms of relevance, interest level, and rate of delivery, parents rated the second workshop as good or excellent.

An evening parent meeting has been held monthly since December, 1976. In September, 1977, the parents organized themselves as the "Gwinnett Parents of Exceptional Children" and elected officers. New officers were elected in September, 1978. Goals for the '78-'79 year included fund raising and increased parent participation. Many parents who were extremely active in the organization during the first year acted as unofficial advisors to the new officers. Programs for the parent meetings were as follows:

October	Speaker: Mr. Bill Shubert, Director of Gwinnett County Special Education Department
	Topic: "Overview of Special Education Services and A Look At the Future"
November	Speaker: Dr. Elizabeth Blanton, candidate for County School Board and parent of a handicapped child
	Topic: "Stages of Acceptance"
December	Project Christmas Program
January	Speaker: Peggy Holly, President of the Gwinnett County Chapter of the Association for Retarded Citizens
	Topic: "Respite Care, Group Homes, and Alternatives to Institutionalization"
February	Speaker: Four parent panel, parents of handicapped adolescents and adults
	Topic: questions and answers

March — Speaker: Susan Smith, speech pathologist

Topic: "Normal and Abnormal speech and language development"

April — Speaker: Dr. Linda Nathanson, pediatric neurophysiatrist

Topic: "Diagnosis of handicapping conditions in children"

May — Speaker: Diana Fricke, Georgia Advocacy Office

Topic: "Handicapism"

Parent group activities included:

-Formation of a welcoming committee to contact new families just entering the program.

-Sending a monthly newsletter to all program families.

-Organizing two potluck suppers; one at the beginning and one at the end of the school year.

-Scheduling visits to the program by reporters from three local newspapers.

-Presentations to nine civic groups in Gwinnett County.

-Organizing a number of fund-raising activities including:
1. two bake sales
2. two rummage sales
3. fifteen tupperware parties
4. a collection drive utilizing cans and posters

-Fund-raising activities planned for the summer and fall of 1979 include a skate-a-thon and a booth at the local fair.

D. Assist parents in becoming advocates for their own children and informed consumers of service

This goal assumes that, because most of the children enrolled in the program have conditions that will necessitate special education, therapeutic or medical services for the remainder of their lives, it is important that families learn to function effectively in obtaining such services. This goal also implies that parents need to be informed and knowledgeable about the quality of services provided and the rights of individuals with handicapping conditions. A variety of activities were focused toward this end:

1. The intake, staffing, restaffing, and termination procedures are used as training experiences through both process and content. Records and reports are interpreted to the parents who are encouraged to ask questions and are included in the decision-making process.

2. Parents are encouraged to keep a file of all reports and evaluations regarding their child.

3. Public Law is repeatedly explained. At the initial staffing, parents receive a copy of "A Parent's Guide to PL 94-142 and APEG" published by the Georgia Department of Education and the fall, 1977 issue of "Closer Look: You Have New Rights-Use Them". In addition, a parent manual given to each family includes a section on PL 94-142. (Manual included with report).

4. Parents participate in the writing of both long and short term IEP's.

5. Six parents serve on the program's Advisory Council.

6. Staff members accompany families to medical or therapy appointments to prompt them to be appropriately assertive in getting their questions answered or services provided.

7. Observational visits to other educational settings are encouraged for all parents and visits are planned for parents of children leaving the program as part of the planning for future placement. 24 Observational visits were made.

E. Evaluation of Parent Satisfaction with Program Services

A questionnaire was sent to all families in the home or classroom program in May, 1979 to survey their satisfaction with program components and to determine what areas had been most valuable to them.

Responses overall tended to be positive. Responses to items pertaining to parent skills and information tended to be lower than those obtained in May, 1978. This may be due to the fact that many families had been in the program for two or three years, therefore, a larger increase in this area might have been perceived during their first year in the program rather than their last.

Satisfaction (percent "satisfied" or "very satisfied")

Overall program	95%
Home Program	86%
Classroom Program	92%
Child Testing	82%
Counseling	83%
Parent classes	90%

Parent skills or information (percent reporting their skills or knowledge increased)

Knowledge of child's needs	88%
Knowledge of child's abilities	80%
Teaching skills	96%
Knowledge of community resources	82%
Ability to cope	69%
Information about legal rights of handicapped children	73%

Child Progress (percent reporting that their child had made progress)

Language development	91%
Gross motor development	90%
Fine motor/cognitive skills	95%
Decrease in negative behavior	78%
Social and appropriate play behavior	82%
Self-help skills	87%

Ninety percent of parents found the IEP objectives appropriate or very appropriate. One hundred percent of parents would recommend that the program be continued after BEH funding ends.

III. Assessment of Child Progress

Children were assessed initially and every six months after entry into either the home or classroom programs. The Bayley Scales of Infant Development were used with children under 30 months and with some severely or profoundly handicapped older children. In the latter cases, a standard score could not be derived but a mental age equivalent score could be computed. The McCarthy Scales of Children's Abilities were used with most children over 30 months. In addition, numerous other norm and criterion-referenced measures were used with selected children to monitor progress and as guides in program planning. Data from the Bayley Mental Scales and McCarthy Scales will be presented as indices of child progress because they were the standardized scales administered to all children.

A total of 67 children were enrolled in and received direct services through the home or classroom programs during the 3 years of funding. Progress data for 57 of these children who remained in the program at least 6 months and were reevaluated at least once is reported below.

The reader should be aware that these children represent a heterogeneous sample in terms of severity of handicap at entry, length of time in the program, age at entry, 2-55 months) and type of program received. Most children received either a home-based or a classroom program; however, nine children who all entered the program at a younger age, received home services first and later moved into the classroom setting. Staff ratings of each childs' severity of handicap at the time of intake were used to group children for analysis of progress data. Children were rated as mildly, moderately, or severely handicapped. Ratings were based on overall functioning as well as the presence of specific handicapping conditions. Between two and five staff members rated each child. The inter-rater reliability level was 92%; in cases of inter-rater disagreement, the ratings of staff persons most familiar with the child were used. Following is a table summarizing the characteristics of the 57 children for whom progress data is reported:

TABLE III Number of Children Served as a Function of Severity of Handicap and Length and Type of Service

Months of Service	Home Program	Classroom	Home-Classroom
6	Mild-6 Moderate-9 Severe-4	Mild-2 Moderate-2 Severe-1	
12	Mild-3 Moderate-5 Severe-4	Moderate-3 Severe-1	
18	Moderate-1 Severe-2	Moderate-2 Severe-1	Moderate-3
24	Moderate-1 Severe-1		Moderate-2
30			Moderate-4
Total	36	12	9

It should also be noted that examiner bias probably served to inflate some of the test results reported below. Examiners reevaluating children were often familiar with the child's performance in the program and, in many cases, were directly involved in working with the child. Attempts were made to guard against bias by having another staff person less familiar with the child conduct the evaluation; however, due to shortages of staff and the prohibitive cost of independent assessments, completely objective reevaluations were not possible.

A. Changes in level of performance for children overall.

Actual numbers of children who fall into different ranges of cognitive functioning at entry were tallied and compared to the distribution of children at their last reevaluation (6 to 30 months after entry). The Bayley Mental Development Index (MDI) or the McCarthy General Cognitive Index (GCI) were used. Both have a mean of 100 and a standard deviation of 16. Across a period of intervention, the proportion of children testing at the lower range of cognitive functioning (DQ or GCI < 50) decreased, while the proportion testing within average or borderline ranges increased.

TABLE IV Numbers of Children Performing in Different Ranges of Cognitive Functioning at Entry and at Reevaluation

Bayley MDI or McCarthy GCI	Number of Children (Total N =57)	
	Entry	Reevaluation
< 50	27 (47%)	12 (21%)
50 - 69	15 (27%)	13 (22%)
70 - 89	12 (21%)	22 (39%)
90+	3 (5%)	10 (18%)

B. Changes in child performance as a function of type of program received.

Child progress data will be presented separately for children enrolled in the home program and in the classroom. In addition, those children who received both types of programs will be treated as a third group. In reporting progress data for Home Program children, the children were further divided by severity of handicap.

1. Home Program-N=36

A total of 36 children of the 57 for whom progress data is available were served exclusively through a home program. The median length of time enrolled was 6-12 months, but some children were served for up to two years. (See Table I for further breakdown by months enrolled in program).

(a) Changes in Developmental Quotients

Fifteen of the children were evaluated at intake and again at termination using the same instrument (Bayley or McCarthy), thus making a statistical analysis or developmental quotients possible. (Some other children because of chronological age were not reevaluated with the same measure; other children performed below the scaled score range <50 on both assessments making it impossible to do meaningful comparisons). At intake, the 15 children obtained a mean Mental Developmental Index (MDI) on the Bayley or a General Cognitive Index (GCI) on the McCarthy of 67 (standard deviation 8.6). At posttesting, after either 6 or 12 months of intervention, the mean score was 90 (standard deviation 19.5). Comparison indicates a significant gain in developmental scores across the period of treatment ($t=23.59$, $df = 14$, $p<.001$).

Note: Because this analysis excludes most of the severely handicapped children, the results are more positive than would be true for home program children overall.

(b) Changes in developmental rate

Of the 36 children served through the home program, 9 were rated by staff as initially mildly handicapped, 16 as moderately handicapped, and 11 as severely/profoundly handicapped. As expected, developmental rates (mental age) at intake, as well as degree of change in rate over treatment, differed for the three groups. Mildly handicapped children as a group showed an increase from .83 to 1.01 across the treatment period.

Moderately handicapped children showed a change from an initial rate of .62 to .73 when the program was terminated. Severely handicapped children showed no change in developmental rate (.32 to .31) but did maintain their initial rate of performance over time in the program. For this latter group, to maintain their rate and not show a deterioration in rate of development, may be progress in itself.

Another method of evaluating program effectiveness, based on a child's initial developmental rate, entails comparing expected and actual developmental age scores across treatment (Nadeau, 19[illegible]). Expected developmental ages are based on the entry rate (MA/CA) times the chronological age at reassessment. This expected age is then compared with the actual developmental age obtained upon reassessment. This procedure permits one to partial out gains that are probably attributable to maturation and only consider developmental gains above those expected by the child's entry rate to be a function of the program. The different scores were pro-rated to permit comparison of children served for varying lengths of time (6-24 months) in the program. Mildly handicapped children gained an average of 3.9 months more than would be expected by their entry rates for every six months in treatment. Moderately handicapped children gained 1.83 months more than would be expected, while severely handicapped children showed no gain over their expected gain in months. These findings are summarized in Table V at the end of this section.

2. Classroom Program

A total of 12 children were served exclusively through the classroom component for a period of time ranging between 6-13 months (model period of service - 12 months). Of these 12 children, 2 were rated as mildly handicapped initially, 7 as moderately handicapped, and 3 as severely handicapped. The severely handicapped children all had major communication disorders and were labeled autistic or aphasic. Because of the small number of children in each severity rating, performance data for classroom children will not be separated by degree of handicap.

(a) Change in developmental quotients

Ten of the children were tested with the McCarthy Scales and obtained GCI's above 50, thus permitting analysis of gains in standard scores across treatment. These children showed a significant increase in GCI across treatment from an initial mean of 62.5 (standard deviation = 11.14) to a mean GCI of 80 (standard deviation = 11.27) at post-testing ($t = 4.25$, $d.f. = 9$, $p < .01$).

(b) Changes in developmental rates

The 12 classroom children showed a change in developmental rate (MA/CA) from .61 at entry to a rate of .78 at post-testing. Overall, this represents an increase of over 25% of their initial developmental rates.

Comparison of expected developmental age scores with actually attained developmental age scores also showed a significant program effect. Expected scores were based on each child's initial entry rate. The 12 classroom children showed an average gain of 5.2 months for every 6 months in the classroom above what would be predicted by their initial developmental rates. Admittedly, some children showed dramatic gains (e.g. 16 months more than would be expected in 6 months) while others showed no gains or only minor increases over what would be predicted initially. These data are summarizied in the table at the end of this section.

3. Home program followed by classroom.

Progress data are reported separately for 9 children enrolled first in a home program who later moved into the classroom program. These children all entered the Family and Infant Program between 13 and 30 months. All were rated by staff as "moderately" handicapped at entry. Because of their greater length of time in the program, they were all initially tested with the Bayley and post-tested on the McCarthy; therefore, analysis of change in their developmental quotients across time was not possible.

Developmental rates, however, showed an increase across treatment from a mean rate of .70 at entry to a mean rate of .85 at final post-testing. Overall, these children showed an actual gain of 2 months more per six months of treatment than would be expected by their entry developmental rates.

TABLE V Summary of changes in developmental rates and improvement over expected gains across treatment

Group	Mean Initial Rate(MA/CA)	Mean Final Rate(MA/CA)	Months gained per 6 mos. above expected gain
Home Program N=36			
Mildly Handicapped (9)	.83	1.01	3.9 months
Moderately Handicapped (16)	.62	.73	1.8 months
Severely Handicapped (11)	.32	.31	0 months
Classroom N=12			
Mildly Handicapped (2) Moderately Handicapped (7) Severely Handicapped (3)	.61	.78	5.2 months
Home Program followed by Classroom N=9 (all moderately handicapped)	.70	.85	2 months
Total Group N=57	.61	.72	2.5 months

Prorated to permit comparison of children served for different lengths of time in the program.

C. Follow up on children placed in normal preschools.

Five children who graduated from the classroom program and were integrated into preschools, were reevaluated with the McCarthy Scales 6-13 months following termination. (Several other children will enter normal preschools in the fall but no follow-up data are available yet for them). These 5 children showed an average GCI of 91.6 (range 80-111) when they left the Family and Infant Program. Follow-up testing yielded a mean GCI of 85.6 (range 63-103). The number of children for whom follow-up data are available is too small for statistical analysis; however, it would appear that some of change across time is chance fluctuation (3 of the 5 children showed difference scores within plus or minus one standard error of the mean for the McCarthy).

More follow-up data across time on a much larger sample of children would be needed to determine to what extend cognitive performance declined, if at all, as a result of removing intensive treatment. Though the above group of children may be showing some decline in rate of cognitive development, all were socially well-adjusted in the community setting. It will continue to be necessary to weigh, for individual children, the merits of a special program that may maximize cognitive gains over the advantages of interactions with age-peers in a more normalized environment like a community preschool.

IV. Staff Training and Development

A. Preservice Training

A one week preservice/orientation period was held in August, 1978 for all staff members. This included a review of program goals and procedures, the evaluation process of all dimensions, presentations on formal and informal assessment tools and practice sessions. In addition, all staff members attended a two day workshop sponsored by the Georgia Psychoeducational Network.

B. Inservice Training

Each staff member is encouraged to compile 50 hours of training during the year. The actual amount of time spent in staff training and development and in local and out of state conferences and workshops between September and June was 796 hours with an average of 79.6 hours per staff member. Training and staff development during the year reflected major areas of need and interest as determined by staff members. Major areas of inservice training included child assessment, family systems theory and communication, normal motor development, sensory integration, and interpersonal relations, such as how to confront problematical parents and termination of services. All

of these areas were addressed in formal inservice training sessions. A breakdown of major staff development activities follows:

1. Staff Inservice Sessions

   -Use of Parent-Child Interaction Observational Scale
   -Use of Bayley Scales of Infant Development
   -Family Systems Theory and Strategic Intervention (2 sessions)
   -Family Genograms
   -Working with Depression in the Family
   -Teenage Suicide
   -Child Abuse and Neglect
   -Family Communication and Listening Skills
   -Confrontations
   -Terminations
   -Normal Motor Development
   -Sensory Integration: Evaluation and Treatment

2. Team Meetings

   Ongoing peer supervision and training in specific family and child problems, treatment plans and goals were provided during bimonthly team meetings. The curriculum specialist and family coordinator attended each team meeting. A total of 4 different teams, each meeting bimonthly, were comprised of classroom teachers and teaching assistant, parent workers, and when needed, project director and physical therapist.

3. Observational visits to other agencies, often with program families, were done on an individual and/or small group basis. Thirty-seven visits were made to agencies, such as Scottish Rite Aphasia Clinic, Hi-Hope Training Center, Gwinnett Mental Health Developmental Disabilities, Crippled Children's Services, Public School Special Education classes, Grady Hospital High Risk Infant Unit, and local preschool for normally developing children.

C. Conferences and Workshops

Numerous local and out of state conferences and workshops reflecting a rich diversity of training areas were participated in by staff members, thus, permitting highly individualized training. Local and/or out of state conferences and workshops attended by staff for both training and dissemination purposes follows:

Conference/Workshop	Location	Staff Attending
Psychoed Network Conference	St. Simons, Ga. 2 days	6
State CEC Conference	Atlanta, Ga. 1 day	1
The Cost of the Involvement, The Burned-Out Professional	Atlanta, Ga. 1 day	1
Evaluation of Preschool Handicapped Children/TADS	Nashville, Tenn. 2 days	1
American Psychological Association Conference	Montreal, Canada 4 days	1
Bobath Approach to Cerebral Palsy	Durham, N.C. 2.5 days	1
Occupational and Physical Therapists in School Systems	Atlanta, Ga. 1 day	1
Georgia American Physical Therapy Assoc. Chapter Meeting	Helen, Ga. 1.5 days	1
Planning a Learning Experience in a Clinical Setting	Atlanta, Ga. 1 day	1
Violence in the Family	Atlanta, Ga. 1 day	1
Family Systems Approach: Update	Atlanta, Ga. 1 day	2
American Association for Psychiatric Services to Children Conference	Atlanta, Ga. 3 days	2 staff 1 parent

Conference/Workshop	Location	Staff Attending
Administrator's Conference	Albany, Ga. 2 days	1
Early Intervention	Atlanta, Ga. 1 day	1
GSAC Conference	Atlanta, Ga. 2 days	2
NSAC Conference	San Jose, California 5 days	2
Developmental Disorders Seminar	Atlanta, Ga. 2 days	2
Neurophysiological Approach to CNS Dysfunction	Hartford, Conn. 2 days	1
Infant Development Conference	Atlanta, Ga. 2 days	1
Experiential Family Therapy	Atlanta, Ga. 1 day	2
Structural Family Therapy	Atlanta, Ga. ½ day	2
Georgia Families: Strengths for the Future	Atlanta, Ga. 1½ days	1
Strategic Family Therapy	Washington, D.C. 2 days	1
Neurophsiological Basis for Treatment of Patients with CNS Disorders	San Francisco, Calif. 2 days	1
Pediatric Section Meeting of APTA	San Francisco, Calif. 3 days	1
Infant Development Conference	Atlanta, GA. 1 day	1
APTA National Conference	Atlanta, Ga. 5 days	1

D. Products

A forty page parent handbook on special education topics to include an annotated bibliography was developed by staff and published. The parent handbook, What Does It All Mean, was disseminated to all active program families and also to agencies, physicians, and related personnel that serve as referral sources for the program. The handbood covers a wide range of topics relevant to the special needs of families with handicapped preschool children, such as a description of program services; child testing; legal rights, IEP's; and due process as outlined in PL 94-142; understanding specialized terminology (e.g., physical therapy terms); and a behavioral management glossary of basic terms employed in the parent behavioral management workshop series.

V. Demonstration and Dissemination Activities

The following activities occurred between July 1, 1978 and June 30, 1979:

A. News articles in six local newspapers or newsletters.

B. Classroom Observation: 78 persons observed in the classroom

C. Student placements: Ten students from local universities have been placed with the program. Six were assigned to the physical therapist, one to work on program evaluation, and three assigned to the classroom program.

D. Presentations at professional meetings and conferences:

-American Psychological Association (40)
-American Association for Psychiatric Services to Children (35)
-Gwinnett County Council for Exceptional Children meeting (40)
-Georgia Special Education Administrators Workshop (50)
-West Georgia College (30)
-Georgia State University, Early Intervention Workshop (100)

E. Other presentations to local agencies and groups:

-North Metro Children's Center day treatment and Project Spring (60)
-Bethesda Elementary School PTA meeting (500)
-Sherrington Hills Women's Club (10)
-Stone Mountain Baptist Tabernacle (12)
-Tennessee Department of Public Health (65)
-North Metro Children's Center Board of Control and Advisory Board (29)
-Class at Georgia State University (25)
-Dacula First Baptist Church (100)
-Lawrenceville Jaycees (25)
-United Way, Gwinnett County Special Committee (20)

-Hanarry Estates Community Club (45)
-Representations from Carroll County (6)
-Representatives from University of Georgia (3)
-Representatives from Fulton County Special Education (2)
-Representatives Developmental Disabilities and Gwinnett County Mental Health (2)
-Gwinnett County Rotary Club (50)
-Lilburn Exchange Club (15)
-Handicapped Awareness Days (346)
-Gwinnett County Short Wave Radio Club (38)
-Representatives from Lawrenceville Middle School (30)
-Gwinnett Health Department Nurses (12)

F. A letter enumerating the areas in which the Family and Infant Program is able to provide consultation was sent to 68 Psychoeducational Center Directors and Directors of Special Education in Georgia.

Seventy-five letters were sent to foundations funding programs for the handicapped.

Six letters were also sent to local businessmen.

VI. Coordination with Other Agencies

The program is under the umbrella of North Metro Children's Center and shares administrative, support services, and program evaluation procedures with NMCC. Computer tabulation of formative data is provided by NMCC. North Metro also provided the school year salary for the curriculum specialist, a portion of the director's salary, a psychiatric consultant available on an as-need basis, a bookkeeper, and administrative supervision from the Director of North Metro Children's Center.

The Gwinnett County Schools provided the facility and some of the maintenance. In addition, in January supplementary services including speech therapy, occupational therapy, and audiological services were offered to preschoolers (ages 3 to 5). All of the classroom children in the Family and Infant Program were evaluated and many received ongoing services. Techniques, reports, and referrals were shared by the two programs.

The project director was involved in several meetings with administrators from the county schools, Hi-Hope Training Center, and the Developmental Disabilities Community Resource Unit. Long range planning and a central referral system were discussed.

Coordination with other agencies involved in service to program families is maintained through letter, telephone, and direct contact. Pediatricians and other professionals received a progress report for each child every six months. Parent workers, the curriculum specialist, or the physical therapist accompany a parent and child to other therapists in order to insure coordination between the programs. Therapy goals are also integrated into IEP's when appropriate. The program has made available its parent groups and resource materials to parents of children receiving services in other agencies where group work is not available.

The Advisory Council provides opportunities for collaboration in long range program planning with representatives from the public schools, training center, state department, business community, and health department. Information exchange and delineation of common needs usually result from the meeting. Eight agencies are represented on the Advisory Council. The council met three times.

The director maintains close contact with other early childhood programs in the metro Atlanta area as well as BEH projects in the state. The project has collaborated with the BEH program at Georgia State University on some inservice training, shared materials and resources, and cross-referred children when appropriate.

VII. Continuation/Replication

The following funds for continuation of the program during '79-'80 have been secured:

Personnel Position	Funding Source	Amount
Preschool Coordinator	NMCC	17,492
Half-time Teacher	NMCC	6,554
Full-time Teacher	PL 89-313	10,738
Parent Worker (home based)	PL 89-313	10,738
Physical Therapy Consultant	PL 89-313	3,000
Family Coordinator	United Way	15,000
	Total	$63,522

*All salaries include benefits at the rate of 18%.

In addition to the above, the Gwinnett Parents of Exceptional Children have raised $4,500 and will be continuing fund raising efforts during the summer and fall of 1979. The funds which this group raises are designated for physical therapy services. At this point, a physical therapist will be available to the program for at least two days per week.

The project director and the director of North Metro are presently negotiating to secure funding for a classroom assistant. Funding for this position is most likely to come from either the Gwinnett County Schools or North Metro Children's Center.

Gwinnett County Schools will continue to provide the facility. North Metro Children's Center will provide mileage expenses, duplicating costs, telephone and typing.

Although the program will be somewhat smaller during '79-'80, many of the children presently served will continue to receive service. Some of the children presently served by the Family and Infant Program have been referred to Hi-Hope Training Center or local preschools for normally developing children.

Type of Staff	Full-time	Part-time (As Full-time Equivalents)
Professional Personnel (excluding teachers)	4	.25
Teachers	4	
Paraprofessional	2	

Table IC

If applicable: Services to Those Handicapped Not Included in Table IA

Service	Number of Handicapped
Screened	21
Diagnostic and Evaluative	14
Found to Need Special Help	14
Other Resource Assistance	

Table II

Preservice/Inservice Training Data

Handicapped Area of Primary Concentration	Number of Persons Received Inservice Training	Number of Students Received Preservice Training by Degree Sought			
		AA	BA	MA	Post-MA
Multihandicapped	1				
Administration	2			3	1
Early Childhood	3				
Trainable Mentally Retarded	1				
Educable Mentally Retarded					
Specific Learning Disabilities					
Deaf/Hard of Hearing					
Visually Handicapped					
Seriously Emotionally Disturbed	6				
Speech Impaired					
Orthopedically and Other Health Impaired	5		5		
TOTAL	17		5	3	1

If data in Table II above differ by more than 10 percent from those in your approved application, explain.

Early Childhood Program During Reporting Period

Indicate the placement of children who left your project during the year covered by this report period.
NOTE: Count each child only once by primary type of placement below.

TYPE OF PLACEMENT			NUMBER OF CHILDREN	
			FULL-TIME	PART-TIME
INTEGRATED PLACEMENT *(i.e., in regular programs with children who are NOT handicapped)*	Nursery schools			3
	Day-care programs			
	Head Start		2	
	Pre-kindergarten		5	5
	Kindergarten		1	
	Primary grades	First		
		Second		
		Other		-
SPECIAL EDUCATION PLACEMENT *(i.e., in classes only for handicapped children but situated in regular private or public school)*	Pre-kindergarten		10	1
	Kindergarten			
	Primary grades	First		
		Second		
		Other		
INSTITUTIONAL PLACEMENT	Scheduled to remain in Early Childhood Program in coming year			
	Other *(specify)* at home or participating in other home-based program (all under 3 yrs.)		7	

Table IIIB

	NUMBER		PERCENT
Cumulative number of children entered into integrated placement *(if known)* prior to this report period →	5	Estimated retention rate of cumulative number in integrated placement →	100% %